

JAN 30 2003

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CORRESPONDENCE
ADDRESS
INDICATION FORM

Address to:

Assistant Commissioner for Patents
Box CN
Washington, DC 20231

RECEIVED

MAY 9 2003

TECH CENTER 1600/2900

Direct all correspondence to:



Customer Number:

23117

Place Customer
Number Bar
Label Here →

OR

Type Customer Number here



Request for Customer Number (PTO/SB/125) submitted herewith.

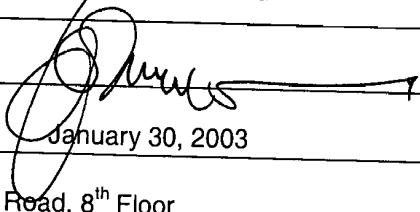
In the following listed application(s) or patent(s):

Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	09/913,955		August 21, 2001

RECEIVED

MAY 14 2003

TECH CENTER 1600/2900

Typed or Printed Name	Leonard C. Mitchard	(check one)
Signature		<input type="checkbox"/> Applicant or Patentee
Date	January 30, 2003	<input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96)
Address of signer:	1100 North Glebe Read, 8 th Floor Arlington, VA 22202	<input checked="" type="checkbox"/> Attorney or Agent of record

29,009

(Reg. No.)

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more
than one signature is required, see below*. *Total of forms are submitted.Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any
comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark
Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Assistant Commissioner of
Patents, Box CN, Washington, DC 20231.